



Combined Fund Drive – Retiree Contribution Form

“Making a world of difference”

Go Paperless

Phone in your pledge to 1-877-GIVE-CFD (448-3233) or logon to www.cfd.wa.gov

Please do not file this form if you wish to continue your existing monthly donation *with no change*.

☐ New Contributor

☐ Changing current pledges
(this form will override all previous pledges)

Name (Last, First, MI)		SSN	
Street	City	State	Zip
Email		Phone	

Make a Contribution to your favorite charity(ies)

- This contribution form will override your existing contributions.** To change your existing charity(ies), or update donation amount(s), please completely fill out the fields below. To pledge to the CFD General Fund please use Charity Code 316854.
- Please attach additional forms if needed.

Charity	Charity Code	Monthly Donation	One Time Donation	Check
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4. CFD General Fund	316854	\$	\$	\$

Write-in Charity

You may donate to a charity not currently approved for this year's campaign by using the "Write In" section on this form. CFD policy requires that you provide the: charity name, tax ID #, address, email, and telephone number.

Organization Name		EIN or Tax ID #	
Address	City	State	Zip
Phone	Email	Website	
Monthly Donation \$	One-time Donation \$	Donation made by check \$	

Pledge Information

Monthly and one-time contribution will be made from your monthly retirement benefit at the start of the new calendar year if your pledge is made during the months of the CFD campaign (Sept. – Dec.). Otherwise, deductions will start as soon as possible. *\$2 minimum donation required.*

Personal Check (please choose one of the following options) Checks will be cashed right away. **Please staple all checks to this form.**

☐ Check made to specific charity ☐ Check made to **CFD** for chosen charity(ies) ☐ Check made to **CFD** General Fund

Write the Charity Code(s) on the memo line. The check will be divided among the charities as indicated. Or make separate checks payable to each charity receiving a donation.

Retiree Authorization

I understand that once started, my monthly deduction will continue automatically unless changed by completing a new Contribution Form, or cancelled by written notice to the CFD office. In signing this form I acknowledge that all contributions I have made in the past will be replaced. I hereby authorize the State of Washington to deduct the amount indicated from my retirement benefit provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.

Required Signature	Date	Your name and email will be sent to your chosen charity(ies) unless you mark the circle below. <input type="radio"/> I wish to remain anonymous

Thank you for your participation! Your donations will make a World of Difference in our community.

Please mail this form to:

Combined Fund Drive, P.O. Box 47530, Olympia WA 98504 • cfd@dop.wa.gov • 888-353-9396 • www.cfd.wa.gov